

TOP SEC

SECRET

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REST

CENTRAL INTELLIGENCE GROUP

CENTRAL PLANNING STAFF

ROUTING SLIP

No. _____

Date 5/28

Enclosure: Censorship Planning

From:	To:	For:
<input checked="" type="checkbox"/> Planning	_____	Approve-
<input checked="" type="checkbox"/> Chief	_____	Note
_____ Deputy	_____	Note and Return
_____ Policy & Rev.	_____	Information
_____ Inf.	_____	Recommend routing or
_____ Intell.	_____	reference
_____ Security	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Necessary Action
_____ Support	_____	Comment
_____ Admin. Ass't.	_____	Recommendation
_____ Planning Ass't	_____	Prepare CIG Action
_____ Librarian	_____	Review
_____ Steno	_____	Suspense File
_____ Secy, NIA	_____	Signature
_____ Reports Staff	_____	Dispatch
_____ Adm. Officer	_____	File
_____	_____	_____
_____	_____	_____
_____	_____	_____
25X1A9a		Deadline:

Remarks: 1. ~~_____~~ approves your recommendation, para 7, except that he wishes the request to be in writing, by Disposition Form from the Chief, CPS, to the Sec, NIA.

2. Please prepare and submit the necessary DF for signature, with sufficient file copies for this office and the Policy & Review Branch.

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